

<b>1-4</b>	<b>Informed Decision Making</b>	<b>Part 1 of 1</b>
<b>Authorizing Utah Code: 62a-5-103</b>	<b>Rule: R539-2-6</b>	<b>Rights and Protections</b>
<b>Approved: 12/9/99</b>	<b>Rule Effective:</b>	<b>Printed: 1/00</b>
<b>Form(s): None</b>	<b>Guideline(s): None</b>	

## POLICY

The **Support Coordinator** and **Provider Agency** staff shall provide information that allows **Persons/Representatives** to make informed decisions of major life activities. The **Support Coordinator** shall provide notice to the **Person/Representative** regarding actions that may increase the likelihood of restrictions. Participation in services is voluntary, unless ordered by court or state authority.

## PROCEDURES

1. Documentation of consent requires a signed, written consent that the **Person/Representative** has received an explanation of:
  - A. the purpose of the proposed treatment or life event;
  - B. the expected duration the **Person** will require support;
  - C. a description of how procedures will be followed;
  - D. identification of any procedures which are experimental;
  - E. a description of any reasonable foreseeable risks, discomforts, or benefits to the **Person**;
  - F. a disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous; and
  - G. who to contact for answers to pertinent questions about the **Person's** rights.
2. If the **Team** determines that the **Person** may need support or a court appointed **Guardian** over a specific issue, the **Team** may recommend that an assessment or screening tool be completed to determine the **Person's** ability to provide consent.
3. Once the **Team** determines that an assessment is needed, the **Support Coordinator** makes arrangements so that an assessment may be completed. The assessment can be a review by a licensed psychologist or licensed physician, a screening tool (e.g., **Informed Consent Matrix Assessment Tool**), or a court ruling. If the assessment suggests the person may be unable to provide consent without additional support or appointment of a **Guardian**, the **Support Coordinator** or members of the **Team** appoint an advocate to support the **Person** in decision making and/or notify the **Department's** Office of Public Guardian of the **Person's** possible need for a **Guardian**.
4. The **Support Coordinator** and other **Team** members provide support for decision making by taking time to discuss the possible implications of major life decisions until the court completes the determination of the need for a **Guardian**.
5. A witnessed oral consent by telephone from the **Person/Representative** may be utilized until a formal written consent is obtained.
6. Nothing in this policy is intended to limit the authority of a physician to provide emergency medical care to the extent the physician is permitted to do so under applicable federal, state, or local law.